



Canadian Certified Counsellor (CCC) PATHWAY TWO: Work Experience Form

This form may be accessed by applicants under the Freedom of Information Legislation.

This form is intended for applicants following PATHWAY TWO. It documents an applicant's counselling work experience within the last five years. Please submit one form per employer. A definition of counselling and scope of practice is available on CCPA's website.

INCOMPLETE FORMS WILL NOT BE PROCESSED.

1. Applicant Information

Name: First name: _____ Last name: _____
Other Legal Names: _____

Address: Number and street: _____
City, Province, Postal code: _____

Email: Email: _____

Telephone: (home): _____ (cell): _____
(work): _____ (fax): _____

2. Employment Site Information

Agency or Institution name: _____
Number and street: _____
City, Province, Postal code: _____
Manager or Supervisor: _____
Telephone: _____ Email: _____

3. Applicant's Practice

Applicant's position title: _____
Dates of Employment (mm/yy - mm/yy): _____
How many hours a **week** was the applicant employed? (numeric values only) _____
Approximately how many **counselling sessions** did the applicant provide each **week**? _____
What was the duration of each session? _____
What is the total amount of direct client counselling hours you provided during your employment within the last 5 years? _____

Briefly describe the characteristics of the clientele and the nature of **individual, couple or family counselling interventions** provided by the applicant:

What is the total amount of group counselling hours you provided during your employment within the last 5 years?

Briefly describe the characteristics of the group clientele and the nature of the **group counselling interventions** provided by the applicant:

Please summarize the amount of time (in the form of a percentage or number of weekly hours) the applicant spent engaging in various activities during this employment.

Direct Counselling Hours

Indirect Counselling Hours

Intake: _____

Case and file management: _____

Counselling Sessions: _____

Supervision: _____

Group Counselling: _____

Consultation: _____

Assessments: _____

Other Activities (please describe): _____

6. Attestation **(REQUIRED)**

ATTESTATION: I attest to the accuracy of this information. I am willing to answer additional questions concerning this evaluation if CCPA deems it necessary. I understand and consent to be contacted in follow-up to the provided information on the CCC Work Experience Form.

The applicant and employer must co-attest to the accuracy of the information. In the case of individuals in private practice, the CCC Work Experience Form must still be signed by a professional at arms-length who can speak to the truth and accuracy of the information being provided; **self-attestation by the applicant is not sufficient.**

*If a digital signature is provided by either the employer, the form must be sent to CCPA directly from the individual who has provided the digital signature by email.

*Applicant's Signature: _____ *Date: _____

Name of Employer (printed): _____

*Employer's Signature: _____ *Date: _____

Please send the form by Mail/Fax/Email to:
Canadian Counselling and Psychotherapy Association
202 - 245 Menten Place
Ottawa, ON, K2H 9E8
Fax: 613-237-9786
E-Mail: certification@ccpa-accp.ca